

Mr Phillip John Lawlor

N-Able Care

Inspection report

2 School Close
Hawkchurch
Axminster
EX13 5GL

Tel: 07415496077

Date of inspection visit:
09 June 2023

Date of publication:
10 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

N-Able Care is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection they were providing a personal care service to 1 person. This was provided by the provider and 3 self-employed carers, with the provider overseeing the care being delivered.

People's experience of using this service and what we found

Right Support

The person had risk assessments and a care plan in place, however, these did not include sufficient information to guide staff to provide care and support. Although a small team of staff supported the person who knew the person well, they did not always have detailed guidance to ensure people received safe care at all times. We did not find this had a negative impact on the care the person received as the person receiving support was able to say what support they required, but we have identified these as areas of practice that need to improve.

Staff understood how to protect people from poor care and abuse. Some staff had not received training in safeguarding vulnerable adults.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The person told us staff supported them to be independent and to have control over their own life.

The person was supported to maintain their health and wellbeing. Staff enabled the person to access specialist health care support within the community.

Right Care

Recruitment procedures were not always safe, and improvements were needed to ensure staff received training and appropriate assessments of their competence to fulfil their role. The person told us they were involved in recruitment of their own staff.

Infection control procedures were not always robust, and staff mostly followed systems and processes to safely administer medicines. However, improvements were needed to ensure medicines records were accurate, and staff received appropriate training and competency assessments.

The person was well treated and supported. Staff knew the person and their needs and preferences well and the person received consistent care. Staff respected and promoted the person to be as independent as possible. The person confirmed to us they felt involved in their care and were aware of how to raise any concerns they may have.

The person could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. The person told us their communication needs were met with written information provided to them in a format that supported their understanding.

Right Culture

Improvements were needed to make sure there were effective systems to monitor the quality of the service and plan improvements. The provider was open and transparent throughout our inspection. They acted on queries and our feedback throughout the inspection.

The person was complimentary about the care and support they received and spoke positively about the service. We found no evidence that the person was harmed by the shortfalls we found, but these shortfalls put them at increased risk. We discussed these concerns with the provider who was responsive to feedback and started making changes during the inspection to improve support for the person.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19 May 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to staff recruitment, staff training and management of the service at this inspection.

We have also made recommendations in relation to medicines management and infection control.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

N-Able Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We initially gave the service 72 hours' notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection. Due to the providers availability, the inspection started a week after notice of the inspection was given.

Inspection activity started on 2 June 2023 and ended on 28 June 2023. We visited the location's office on 9 June 2023.

What we did before the inspection

We reviewed information we had received about the service.

During the inspection

We visited the location's office on 9 June 2023. We reviewed a range of records. This included policies and procedures, 2 staff files, 1 person's care records, medication records, training data and quality assurance records. We visited the person who used the service and sought feedback about their experience of the care provided.

Following the site visit, we sought and received feedback from 2 staff.

We also used the information the provider sent us in the provider information return (PIR). This was submitted prior to the inspection, but not available until during the inspection. The PIR is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At the time of the inspection people could not be confident the self-employed carers working for the provider were safely recruited. Staff files did not give evidence that safe recruitment practices had been followed.
- We reviewed 2 staff files. Full employment histories, proof of identity, a recent photo, and references were not available. The provider confirmed these had not been obtained, and advised references had not been sought.

The provider failed to ensure recruitment practices were safe. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We raised our concerns with the provider during the site visit. After the site visit the provider started to review and address the concerns we found in relation to recruitment.
- Evidence of completed disclosure and barring service (DBS) checks were available. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.
- Consistent care was provided by a small team of people. At the time of the inspection the provider undertook the majority of the support visits. Support visits took place on time. Feedback from the person confirmed this.
- The person told us they were involved in the recruitment process and met all potential new staff. They told us they liked to work with all new staff first to see how they get on with them, and then the provider would ask their views about the employment of them.

Using medicines safely

- At the time of the inspection, staff provided minimal support with medicines administration. The person told us staff provided physical assistance under the direction of them to take their medication, although this was not clearly detailed within the person's care plan.
- The provider had a medication policy in place. The provider was not working in line with their policy. For example, staff were signing the medication administration record (MAR) to say they had administered the person's medication, although the policy states 'P for physical assistance will be used.' One staff member also raised a concern that the MAR can sometimes be a little unclear and hard to follow when instructing about an ongoing health issue.
- Not all staff had received medication awareness training. Information received showed 1 staff had not completed refresher training on the administration of medicines. Staff had also not received competency

assessments in medicine administration. We were told staff know how to support the individual as they had shadowed the provider.

We recommend the provider reviews their medicines procedures to ensure they take into account current NICE guidance in relation to the management of medicines.

- We raised our concerns with the provider during the site visit. After the site visit the provider started to review and address the concerns we found in relation to the management of medicines.

Preventing and controlling infection

- Policies were in place to guide staff on effective infection prevention and control procedures. However, staff were not working in line with the policy in relation to wearing face coverings when supporting the person with personal care.
- The provider had a Covid risk assessment in place. This was not up to date and was last reviewed on 22 August 2020.

We recommend the provider reviews their infection control procedures to ensure they are up to date and take into account current guidance in relation to infection control.

- We raised our concerns with the provider during the site visit. After the site visit the provider started to review and address the concerns we found in relation to infection control.
- There were sufficient stocks of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. This ensured care was provided which reduced the risk of infection spread.

Assessing risk, safety monitoring and management

- The risks associated with the person's care needs had mostly been assessed. This included risks associated with moving and handling, personal care, medicines, infection control, fire and falls.
- However, we found risk assessments, and the care plan in place, did not always include sufficient information to guide staff to provide safe care and support. For example, one area of identified risk had not been assessed. The person also had a health condition with associated risks which was not fully detailed within the person's care plan. The risk was reduced as the person was supported by a small team of people who knew the person well, and the person receiving support was able to say what support they required.
- We raised our concerns that staff did not have access to information they required with the provider during the site visit. After the site visit the provider reviewed and updated the care plan and risk assessment.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had received training in safeguarding vulnerable adults. Information received, showed 2 staff had not completed refresher training in safeguarding vulnerable adults.
- Although staff had not completed refresher training on how to recognise and report abuse in line with the provider's policy, staff knew people well and understood how to protect them from abuse.
- The person confirmed they felt safe with the staff who supported them. They told us they would talk to the provider if they had any concerns.

Learning lessons when things go wrong

- The provider was found to be responsive to our feedback. After the site visit the provider started to review and address the concerns we raised.
- The provider confirmed there had been no incidents or accidents since the service started operating. A

system was in place to report and record incidents and accidents to help ensure people were supported safely.

- Lessons were learnt when things had gone wrong. The provider had completed a lessons learnt exercise following a missed visit, and improved practices to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider needed to improve staff induction, training, ongoing support and monitoring of staff to ensure staff had the skills and necessary knowledge to meet people's needs and provide good quality care.
- Evidence was not available to demonstrate staff were suitably trained. We found no evidence of up-to-date training certificates in staff files. For example, a certificate evidenced one staff member completed the care certificate in 2019. The provider confirmed this staff members training was out of date and would ensure they updated their training. The provider told us staff had also completed training within previous employment, although certificates were not available to evidence this.
- The provider did not have a clear training policy in place that detailed mandatory training and timescales that staff were required to complete these. Therefore, we were not clear that staff had received the required training to meet people's needs.
- During the inspection, the provider verbally told us their mandatory training requirements. We found staff had not always undertaken the training as required by the provider, and at the time of the inspection staff were working without some of the providers required mandatory training.
- Staff did not receive training specific to people's individual needs. From 1 July 2022, the government introduced a requirement for CQC registered services to ensure their staff received learning disabilities and autism training appropriate to their role. We found staff had not completed this training.
- No formal induction process was in place. The provider told us the induction process was for new staff to shadow the provider. However, there was no record of this. There were also no records to evidence staff competency had been assessed to ensure they had the skills to support people safely.

The provider failed to ensure staff were sufficiently trained and competent. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- We raised our concerns with the provider during the site visit. After the site visit the provider started to review and address the concerns we found in relation to staff training and induction.
- Supervisions had recently started to take place to provide support to staff. The provider also planned to arrange team meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person's care and support needs had been assessed by the provider prior to them receiving care. The information gathered was used to develop the person's care plan.
- Care plans gave staff information about how best to support people. However, we found details regarding

key areas of the person's needs and care requirements were missing from the care plan as detailed within the safe section of this report. The risk was reduced as the person was supported by a small team of people who knew the person well, and the person receiving support was able to say what care they required.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported the person with their nutritional needs when required. The person confirmed they chose their meals and staff supported them in line with their preferences.
- Care plans included information about the person's nutritional and dietary needs. This ensured staff had the information available to support them appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The person received personal care from the provider and their health needs were met by other professional agencies. The provider informed us of how they worked alongside other healthcare professionals on a regular basis to support continuity of care for the person.
- We were informed of an example whereby the provider had requested additional support from healthcare professionals such as podiatry for the person when they required this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA.
- The person currently being supported by the provider did not lack capacity to make their own decisions or had any need to be deprived of their liberty.
- The person confirmed staff gained consent before supporting them.
- The person told us they made their own decisions about their care. For example, involvement in recruitment of their own staff and reviewing of their care plan.
- The person had been asked, and signed their care plan, although the care plan did not detail this signature was consenting to their care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The person was treated with kindness and respect, and had their independence respected and promoted.
- The person receiving support was able to say what support they required. The person was positive about how staff provided their support. Staff had built up positive and caring relationships with the person. The person confirmed staff were caring, kind and considerate.
- The provider understood the importance of supporting people to be independent. The provider told us they ensure they, "Enable the person to do as much as they can for themselves."
- The person confirmed staff promoted their independence by encouraging them to carry out aspects of their routines with as minimal support from staff as possible. However, daily records viewed did not always evidence this.
- The persons' care plan stated the person's likes, dislikes and their preferences, and contained a section on social interests, activities and religious needs. This ensured staff had the information available to support them appropriately.

Supporting people to express their views and be involved in making decisions about their care

- Systems were in place to support the person to express their views and be involved in making decisions about their care. The provider had completed a survey to seek the person's views in June 2022.
- The person confirmed they felt involved. The person told us the provider reviews and updates their care plan with them, and they had been involved in recruiting their staff. They confirmed staff always asked their views before providing support, and their views are always listened too.
- The person was supported by a small team of staff who knew them well and had developed good relationship's.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider understood the importance of ensuring care was personalised. The provider told us, "Its important the customer can choose and tell us what they want."
- The person's choices and preferences were documented in their care records. Within the person's home a list of tasks to be completed during each visit had been developed by the person with the provider. The person also told us they were involved in reviewing their care plan. This meant the person could receive personalised care which met their needs.
- The person's care plan contained important information relating to the person and their life and support network. This included likes and dislikes and what they enjoyed doing. However, the person's care plan did not reflect all areas of care provided by staff to the person as highlighted in the safe section of this report. We raised our concerns with the provider during the site visit. After the site visit the provider reviewed and updated the care plan.
- The person looked forward to staff visiting and said they enjoyed their company, which helped to avoid social isolation. They also had consistent staff which helped the staff to understand about the person they were caring for and helped them to build a relationship. One staff member told us, "It's a great environment to work in, I find personal care to be very rewarding. My relationship with the client has become very strong over the last few years and we enjoy each other's company, whilst bringing fun and laughter to the shifts."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The persons communication needs were assessed and detailed within care plans. This included their preferred method of communication and any impairments that could affect their communication. This helped staff to better understand the person and communicate with them in a way they could understand.
- The person confirmed their communication needs were met. They told us written information was provided to them in a format that supported their understanding.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and arrangements for investigating and resolving complaints. The provider advised the service had not received any complaints since being registered.

- Due to the small number of people being supported by the service, the provider had regular contact with the person and their relatives and was able to address issues before they escalated.
- The person told us they knew how to raise a concern. They told us they would raise any concerns with the provider. They also told us when they first started using the service they had received a leaflet which explained what they needed to do.

End of life care and support

- The provider told us no one using the service was receiving end of life care and support at the time of our inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not fully established formal quality assurance systems or processes to enable them to assess, monitor and drive improvement in the quality and safety of people's care. During our inspection we highlighted a number of concerns and shortfalls with the provider.
- Not all areas of the service had been reviewed, and audits and checks of the service were not being completed in line with the providers policy. The providers governance policy stated audits would be completed of health and safety and recruitment. The provider confirmed these had not been completed.
- The provider shared examples of audits completed of care plans, risk assessments, medication, and a 'CQC KLOE audit.' However, these were at the early stage of implementation and were yet to be fully embedded. As such, issues found at this inspection in relation to staff training, recruitment and risk management had not been identified.
- We reviewed the audits the service completed and identified these were also not always accurate. For example, the 'CQC KLOE audit' stated references are checked at recruitment. The inspection found references were not sought.
- There was an improvement plan in place. However, this did not detail all the actions identified during the quality assurance and auditing processes, to ensure effective monitoring of the actions required. For example, the 'CQC KLOE audit' completed on 2 January 2023 stated 'Equality and diversity training to be reviewed for all carers.' This was not detailed within the improvement plan.
- The processes in place were also not always effective in driving improvements in a timely manner. For example, the 'CQC KLOE audit' completed on 2 January 2023 stated 'Consent to Care policy currently being drafted.' At the time of the site visit this was still being drafted.
- The provider did not have a system in place to ensure staff had access to the providers policies and procedures. The provider told us staff had access to the safeguarding policy and infection control policy, but there was not a system in place for staff to access others. This meant staff did not have clear direction and guidance if required.
- During the inspection we found the policies in place were not always being followed. For example, at the time of the inspection, no lone working risk assessments were in place for staff who were regularly working alone as detailed within the providers policy.

The provider did not operate effective systems and processes to assess and monitor the quality and safety

of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood their responsibility regarding the duty of candour. They were open and honest and took responsibility when things went wrong. For example, they were open throughout the inspection, accepted the shortfalls found and immediately sought to rectify them.
- Providers are required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The provider understood their responsibilities and was aware of what required notification to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service. The person spoke positively about the provider and care staff, and the provider and staff were passionate about their work and the person they supported.
- The provider was committed to delivering good quality care to people in their homes. At the time of inspection they undertook the majority of the support calls, alongside overseeing the running of the service.
- Staff told us management were approachable and they were able to raise any concerns with them. Comments included, "I feel that [provider] is very approachable and is always on the end of the phone to answer any queries I have. I always feel I can raise concerns with [provider]" and "I have no reservations in raising a concern with management. I have done so a couple of times over the past year. I think the concerns have been dealt with, but this hasn't been officially documented to my knowledge, as I have not been shown any outcomes."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were opportunities for the person to provide feedback. Surveys had been completed and the person told us they felt involved in their care. At the time of the inspection the provider also undertook the majority of the support visits so sought the views of the person on an informal basis each day.
- There was evidence of partnership working with other professionals such as GPs and podiatrists to ensure the person's healthcare needs could be met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems and processes to assess and monitor the quality and safety of the service.</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure recruitment practices were safe.</p> <p>This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff were sufficiently trained and competent.</p> <p>This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.</p>